Discussion of the Process to Include Induction Programs in the Commission's Accreditation System

Professional Services Division
August 2008

Overview of this Report

The Commission took action in August and September 2006 to adopt a revised accreditation system. The revised system changed the focus of California's accreditation system from a 'snap shot' look at an institution and all of its approved programs once every 5-6 years to a system of activities spread over a seven year cycle so that an accreditation recommendation can be made with more comprehensive knowledge of an institution and its approved programs. In addition to adopting the revised accreditation system, the Commission voted to "Establish consistency in the system by including all Credential and Certificate Programs in the Accreditation Process."

The action item (http://www.ctc.ca.gov/commission/agendas/2006-08/2006-08-6B.pdf) from August 2006 listed the types of credential programs not included at that time in the Commission's accreditation system. These programs were:

* Subject Matter Programs
* Certificate Programs (i.e. CLAD, BCLAD, Early Childhood)
* Designated Subjects Programs-sponsored by a LEA
* Professional Clear Credential Programs (Induction and Fifth Year)
* Professional Clear Guidelines-based Administrative Services Programs

Since August 2006, the Certificate programs, Clear Guidelines-based Administrative Services Programs, and the Designated Subjects Programs-sponsored by a LEA have all been integrated into the Commission's accreditation system.

The August 2006 action item further stated that:

> Each credential program not currently included in the continuing accreditation process brings with it unique issues that would need to be addressed if they were brought into the system. For instance, induction programs were only recently added as a credential route as a result of SB 2042, although they have been operating in California for a number of years. Though they have not traditionally been part of the Commission's accreditation process they have been subject to rigorous program review process through their funding agencies.

Based on Commission directive, this report provides information to begin the discussion on how to include induction programs in the Commission's Accreditation System

Staff Recommendation- This is an information item.

Background

Provided below is a summary of the five year review process used by Induction Programs in the 2006-07 and 2007-08 years that included both Induction Program Review (IPR) and Peer Program Review (PPR) There is a hiatus in both Induction Program Review and Peer Program Review for the 2008-09 year due to the fact that the revised Induction Standards were just adopted by the Commission in June 2008 and all approved programs must modify both their programs and program documents to meet the revised standards.

Current Evaluation System for Induction Programs

The Five-Year BTSA Induction Program Evaluation Cycle Components

Annually each approved local education agency (LEA) is responsible for preparing analytical responses to selected BTSA Induction Program standards. Some of the data have been collected anecdotally or informally, through local program evaluation activities, while other data include Statewide BTSA Induction survey reports and the results of more formal and systematic local evaluation activities. The BTSA Induction Peer Program and Induction Program Review processes are data-driven, inquiry-based, and follow an internal-external-internal pattern of analysis as noted in the explanation below.

The BTSA Induction program evaluation system follows a five-year cycle. Four years of Peer Program Review (PPR) are followed by an Induction Program Review (IPR). The components for PPR and IPR are standardized and consist of:

- A Program Abstract (data and overview of program context and characteristics).
- The program's current SB 2042 narrative that describes how each standard is implemented, organized by standard (required for IPR, optional for PPR).
- A Summary Narrative for PPR or a Program Implementation Reflection for IPR that allows the program director to capture successes and challenges of the program.
- A summary of results of state and local evaluation data relevant to each standard.
- Findings made by the external review team: formative findings and feedback for 5 standards in the PPR or summative findings for 20 standards/elements in the IPR.
- The program's response to the findings: Proposed Program Modifications and Action Plan(s).

The BTSA Induction Peer Program Review

In PPR years, programs respond to five Induction Program standards in a self-study document. Two standards are selected by the BTSA Induction State Leadership Team while the other three are selected by the program, based on an initial analysis of program data. The external phase of the review is conducted in collaboration with selected local BTSA Induction program partners and is facilitated by Cluster Region Directors (CRDs) or other trained facilitators. Activities address the self-study responses through the established PPR process, and partner programs document their findings. The subsequent synthesis phase occurs at the local level where those findings are analyzed within the local context and results in proposed modification(s) and Action Plans for each standard reviewed. The entire process is documented in the BTSA Induction

Annual Improvement Plan (AIP) which is submitted by the program to the CRDs and the BTSA Induction Interagency Task Force.

The BTSA Induction Program Review
Review Process
The BTSA Induction IPR is an opportunity for BTSA Induction programs to be evaluated against each of the twenty SB 2042 *Standards of Quality and Effectiveness for Professional Teacher Induction Programs.* These standards contain both standard statements (the "standard level") and required elements (the "element level") that further explicate the standard. During the process, a team of reviewers examines the program's SB 2042 updated narrative and multiple sources of data, including information collected from interviews of various stakeholder groups, and bases its findings on the body of evidence collected during the review.

Of the 20 Induction Program Standards, eight were reviewed at the standard level and twelve are reviewed at the element level. The 20 Induction Program Standards contained a total of 126 elements. Twenty standards and 126 elements would be difficult for a review team to examine thoroughly in a four day visit; therefore, the BTSA Induction State Task Force identified eight standards that would be reviewed at the holistic standard level and twelve standards that would be reviewed at the element level.

Review Teams
Each IPR team consists of a team lead and 3 review team members selected from a statewide pool of trained induction program leaders. Each year the State Leadership Team conducts standardized IPR training in regions across the state for IPR team leads and for IPR team members. The BTSA Induction State Leadership Team assigns a trained facilitator to each review. The facilitators are either CDE/CTC staff or one of the Cluster Region Directors.

The review team comes to an objective finding on whether or not each of the standards is met. This finding is determined by the extent to which the program's implementation is aligned to the adopted induction standards, based on the evidence collected and examined. Findings are documented and reported to program stakeholders and the BTSA Induction State Leadership Team at the end of the review visit. For a standard to be met, all components of the standard must be met. If any aspect of a standard is not met, then the standard is deemed 'Not Met.'

Program Next Steps after Review
As the next step, the program generates an Action Plan for standards deemed 'Not Met' during the review. Action Plans are a step-by-step sequence outlining how a program intends to bring a standard to 'Met' status, including a timeline. The program director meets with the local program leadership team and develops an Action Plan for any Induction Standard that is not met. The purpose of the Action Plan is to bring the program to "Standard Met" status (which may take one or more years). The action plans are assembled into the Annual Improvement Plan and submitted to the CDE and CTC via the Cluster Region Directors' annually.

So, in conclusion, the AIP documents the data analyzed and planned modifications to the induction program based on the PPR process. In addition, the AIP is the documentation for the

Induction program review process where the program addresses any standards not found to be Met by the review team.

When all standards are deemed 'Met' documentation is provided to the program for its IPR files and the BTSA Induction Task Force sends a letter documenting the fact that the program has met all twenty of the Induction Standards.

If at any time, the program is deemed to be making no progress toward reaching "Standard Met" status, it is placed on a "Plan to Remedy" process and program staff works closely with the CTC and CDE staff to make program modifications to meet the standard(s). If a program is not meeting the Induction Standards and is not making progress toward meeting the standards, then the program's approval status as a credential program is in jeopardy.

Summary of the Induction Program Review Process to date
IPRs began in the 2006-07 year. All approved BTSA Induction Programs have been assigned to one of the five years of the IPR cycle and will participate in an IPR in the scheduled year. Twenty-eight BTSA Induction Programs completed IPRs in Spring 2007 and an additional 32 IPRs were completed this spring. In the years that a program does not participate in IPR, the PPR, as described above, is completed.

BTSA Induction Program Evaluation Five Year Cycle Summary Chart

Type of activity	Activity	Takes place
On-going data collection	PPR (AIP)	Annually
Submission of data, analysis and plans to modify the program	AIP	Four out of every five years
Review of the program against the program standards	PPR and IPR, documented in AIP	Every five years
Review of the institution against the Common Standards	PPR and IPR, documented in AIP	Every five years
Follow-up to the findings on standards	IPR Follow-up, documented in AIP	After the site visit

Commission's Accreditation System
The implementation of the revised accreditation system began in 2007-08. Provided in Appendix A is the language from Chapter 5 of the *Accreditation Framework* which defines the activities of the Commission's accreditation system.

Integrating Induction Programs into the Commission's Accreditation System
As explicated in the following chart, there are currently many similarities between the Commission's accreditation system and Induction's IPR and PPR processes.

Type of activity	Induction Evaluation	Commission's Accreditation System
On-going data collection	PPR (AIP)	Biennial Report
Submission of data, analysis and plans to modify the program	AIP	Biennial Report
Review of the program against the program standards	PPR and IPR, documented in AIP	Program Assessment
Review of the institution against the Common Standards	PPR and IPR, documented in AIP	Site Visit
Follow-up to the findings on standards	IPR Follow-up, documented in AIP	Work with CTC Consultant and the 7th Year Follow-up Report

There are also differences between the two systems including:

∗ Induction review activities have been on a 5 year schedule while the Commission's accreditation activities are now on a 7 year cycle.

∗ Commission accreditation site visit reports go to the COA for discussion and an accreditation decision while the reports from the Induction site visits go to the BTSA Induction Task Force.

∗ The Commission's site visit focuses primarily on the Common Standards, and confirms the preliminary findings from Program Assessment while the Induction site visit has focused on all standards.

Discussion will focus on the similarities and differences of the two systems and how best to include Induction Programs in the Commission's accreditation system while maintaining the strengths of the current Induction evaluation process. Issues the COA needs to consider include the following:

1. Should the evaluation activities for induction programs move to a 7 year evaluation cycle to coincide with other Commission approved credential programs? If yes, should the process begin in 2009-10 or 2010-2011

2. Currently Induction Programs participate in Peer Program Review (PPR) and submit an Annual Improvement Plan (AIP). Should these procedures be utilized in lieu of the Biennial Reports? If yes, what current BTSA Induction procedures, if any, would need to be modified to meet the needs of the Commission's accreditation system?

3. Currently the site visit for Induction Programs addresses the concepts in the Commission's Common Standards and the Program Standards. The site visit in

the Commission's revised accreditation system focuses primarily on the Common Standards and confirms the preliminary findings from Program Assessment. There is no process independent of the site visit for induction programs that satisfies the purpose of the Program Assessment activity in the Commission's accreditation system.

- Should the induction site visit continue to focus on both the Common and Program Standard issues? If yes, what current BTSA Induction procedures, if any, would need to be modified to meet the needs of the Commission's accreditation system?

- Or, should the program review for induction programs be separated from the site visit? If yes, would induction programs participate in Program Assessment as is currently designed?

4. Should the report from the induction site visit team be presented to the COA with an accreditation recommendation, allowing the COA to make an accreditation decision?

Other Issues to Consider

* Adding additional sponsors to the Commission's accreditation system has implications for the scheduling of accreditation activities, the number of educators necessary to participate in the accreditation activities, and the fiscal resources necessary to operate the accreditation system.

* Developing a transition plan to move Induction Programs into the Commission's accreditation system.

Next Steps
Based on the COA's discussion at the meeting, staff will develop a DRAFT process for the inclusion of Induction Programs in the Commission's accreditation system. The DRAFT process will be brought to the October COA meeting for information, discussion and modification. The DRAFT process will also be shared with the field to gather their perspective and to incorporate their suggestions.

Appendix A

Section 5
Continuing Accreditation Policies

Accreditation Framework
2008

Continuing Accreditation Policies

This section outlines the Commission's policies for institutions/program sponsors that have been approved to offer educator preparation credential programs and are seeking continuing accreditation. The specific procedures and requirements for implementing these policies are included in the *Accreditation Handbook.*

Overview of the Accreditation Cycle
Contained in this *Framework* are the goals for the Commission's accreditation system. Under this system, accreditation is an on-going process that fosters greater public accountability, continuous attention to program improvement, adherence to standards, and high quality programs. The accreditation system and its interrelated set of activities of Biennial Reports, Program Assessment, Site Visits, and follow up throughout the 7 year cycle – is designed to support these goals.

The major components of the seven year accreditation cycle include:
1) Ongoing Data Collection by the Institution/Program Sponsor
2) Biennial Program Reports in years one, three, and five.
3) Program Assessment in year four
4) Institutional Site Visit in year six
5) Follow Up on areas of concern in year seven and beyond, if necessary

Accreditation Cycle Activities
The following section describes the various activities within the accreditation cycle in general terms. Specific procedures and requirements about all aspects of the accreditation cycle are set forth in the *Accreditation Handbook.* Charts illustrating the various activities in the 7 year accreditation cycle can be found in Appendix C.

1. Ongoing Data Collection by the Institution/Program Sponsor
Each institution/program sponsor is required to collect data for each approved credential and certificate program related to candidate competence and program effectiveness on an annual basis. Further, it is an expectation that all CTC accredited institutions or program sponsors will use these data to inform programmatic decision-making.

2. Biennial Report
The accreditation system requires that the institution provide evidence, through submission of the Biennial Report that it is collecting, analyzing, and using data for programmatic decision making. The Biennial Report process will include the submission of contextual information, candidate assessment, a brief statement of analysis, an action plan based on the analysis, and an institutional summary identifying trends across the programs or critical issues. The Biennial Report will be reviewed, may result in further questions or review, and will be part of the documentation made available to the program and site visit reviewers. The specific activities related to the Biennial Report are as follows:

Submission, Review and Feedback

    a. **Submission.** Each institution/program sponsor must annually collect data and submit biennial reports. The data collection and submission must be related to the Commission standards. All program reports from the institution are submitted together with an institutional summary. The institutional summary identifies trends across the programs or critical issues for the program sponsor. The specific requirements of these reports are defined in the *Accreditation Handbook.*

    b. **Review**. Commission staff reviews the Biennial Report. Commission staff evaluates the Biennial Report for completeness and sufficiency. If the report is not submitted, is incomplete or is inadequate, Commission staff will contact the institution/program sponsor. If the report has been submitted but the data do not demonstrate measures of candidate competence or have deficiencies, the Committee on Accreditation and Commission staff will request additional information from the institution/program sponsor. Data review procedures are set forth in the *Accreditation Handbook.* Staff will report on the Biennial Report to the COA.

    c. **Feedback.** Institutions/Program Sponsors will be notified of receipt and review of the Biennial Report. Based on review of the Biennial Report, the Committee on Accreditation may request additional information or schedule a site visit prior to the scheduled time period for a site visit to the institution/program.

3. **Program Assessment**

In the 4th year of each cohort cycle, an institution/program sponsor prepares and submits a Program Assessment document for each approved program. The specific activities related to Program Assessment are as follows:

    a. **Program Assessment Document**. Each institution/program sponsor ensures that each approved program that is offered by an institution/program sponsor prepares and submits a Program Assessment Document. The document includes the following elements: 1) the most recently approved program document which includes modifications in the program since its approval, 2) current course syllabi and faculty vitae, 3) information on assessments used at key points in the program in order to determine candidate competence. The specific procedures and requirement for the Program Assessment Document are included in the *Accreditation Handbook.*

       1. **Review**. Trained reviewers will determine whether the standards for each program area continue to be met. If there are questions, or more information is needed, Commission staff will communicate with an

institution or program sponsor to request additional information. A professional dialogue will then take place between program sponsors and reviewers (facilitated through CTC staff) in order to ascertain the most complete sense of candidate competence and the ongoing program improvement efforts that are made. This process allows for a more complete understanding of the program prior to determining the findings.

2. **Preliminary Report of Findings.** Trained members of the BIR serve as readers and consider all information and come to "preliminary findings" for all program standards as well as recommendations and questions for the site visit. Program Standard findings are 'Standard Met', 'Met with Concerns', and 'Not Met'. Document review procedures are set forth in the *Accreditation Handbook*.

3. **Use of Results.** The report from the readers is forwarded to the Committee on Accreditation. Readers submit any outstanding questions or areas of concern to the Committee on Accreditation and the Committee will ensure that the site review team investigates the issue(s). The Committee on Accreditation reviews the program reports, preliminary findings, and questions/areas of concern to assist in determining the size and composition of the site review team.

The preliminary findings of the reviewers will influence the size, scope, and nature of the 6th year site visit. If reviewers find no issues or concerns through program assessment, it may be determined that it is unnecessary to review the program in detail at the site visit. If reviewers identify issues that warrant further review or if questions remain unanswered at the conclusion of the Program Assessment, the 6th year site visit may include a more detailed review of such programs.

Specific documentation required in the Program Assessment is set forth in the *Accreditation Handbook*.

4. Site Visit

An accreditation team visits each institution/program sponsor in the sixth year of the accreditation cycle. The institution/program sponsor prepares for a site visit that focuses mainly on the Common Standards, but may include any program areas identified in advance by the Committee on Accreditation (COA) as a result of the program assessment process. The Biennial Reports, Program Assessment Documents and Preliminary Report of Findings will be made available to the site review team. The site visit will result in an accreditation recommendation for consideration and action by the COA.

Preparation for Site Visit

    a. **Preliminary Program Assessment Report of Findings.** No less than twelve months before the scheduled site visit, Program Assessment reviewers will submit the preliminary findings on program standards and any additional questions or areas of concern to the Committee on Accreditation. The Program Assessment reviewers make a recommendation to Committee on Accreditation whether the issue(s) needs to be further reviewed at the site visit.

    b. **Preliminary Report.** Ten to twelve months before the scheduled site visit, institutional/program sponsors submit a Preliminary Report to the Commission. This brief report describes the institutional mission and includes information about institutional demographics, special emphasis programs, and other unique features of the institution/program sponsor. The institution/program sponsor includes its response to accreditation preconditions established by state laws and the Commission.

    c. **Determination by the Committee on Accreditation.** The Committee on Accreditation uses the Preliminary Report, along with the preliminary findings from the Program Assessment, to determine the type, size and complexity of the programs to be reviewed and the structure, size and expertise of the site visit review team to be selected. All institutions/program sponsors will be subject to a Common Standards review, and the Committee on Accreditation will make case by case determinations, based on the findings of the Program Assessment, as to which programs will be subject to a more detailed review during the site visit at an institution.

    d. **Self Study.** No fewer than 60-90 days before the site visit, the institution/program sponsor submits its Institutional Self-Study which focuses on the Common Standards to the team and the Commission. In responding to each applicable standard, the self-study report should emphasize quality considerations, educational rationales, and thoughtful program analyses.

On-site Activities

    1. **Collection of Information**. The accreditation site visit team, composed of 3 to 7 members, focuses its review primarily on the Common Standards and on any specific programs designated by the Committee on Accreditation that require additional review at the site visit. In addition, the site visit team is responsible for reviewing evidence that will substantiate and confirm or contradict the preliminary findings of the Program Assessment.

The site visit team gathers information about the quality of the education unit and credential programs at the institution/program sponsor from a variety of sources representing the full range of stakeholders, including written documents and interviews with representative samples of significant stakeholders. The site visit team will gather all relevant information related to all the Common Standards and the standards applicable to the program areas under review. During the site visit, each program in operation participates fully in the interview schedule. The Committee on Accreditation may add additional members to the team with expertise in the specific program areas(s) identified as needing additional study during the site visit. Data collection procedures are set forth in the *Accreditation Handbook.*

2. **Procedural Safeguards.** The accreditation site visit team provides ample opportunities during the site review for representatives of the institution/program sponsor to (a) be informed about areas where the standards appear not to be fully satisfied, and (b) supply additional information pertaining to those standards. These opportunities include, at a minimum, a meeting at approximately mid-visit between representatives of the team and the institution's/program sponsor's credential programs, after which additional written information or interviews are utilized by the team in reaching its conclusions.

3. **Focused Site Visit and a Specialized Credential Program Team**. It is possible that the site visit team may uncover a program concern or issue not previously identified by the Program Assessment. When this occurs, the team may recommend a Focused Site Visit addressing the concerns or issues that have arisen if the accreditation site visit team determines that the team lacks expertise to make sound decisions for a particular program. In such a situation, the Focused Site Visit is scheduled to resolve the uncertainty before the accreditation team's final report and recommendation is submitted to the Committee on Accreditation. In this event, there would be no accreditation recommendation until after the Focused Site visit has been completed.

4. **Exit Interview and Report.** The accreditation site visit team conducts an exit interview with representatives of the institution/program sponsor, at which time the team presents its draft report for the Committee on Accreditation. Such a report will include the findings on all Common Standards, all program standards, and an accreditation recommendation. As noted in the previous section, it is possible that the site visit team may uncover a program concern or issue not previously identified by the Program Assessment reviewers. When this occurs, the site visit team may recommend a follow up focused program review of the concerns or issues that have arisen. In this event there would be no accreditation recommendation until after the focused

review has been completed. If further review is needed of program experts not currently on the site review team, the accreditation status recommendation is not reported during the exit interview. The Committee on Accreditation will review the site visit team report prior to making an accreditation decision.

Accreditation Reports, Recommendations and Decisions

a. **Accreditation Team Reports.** Each accreditation site visit team makes its report and recommendations to the Committee on Accreditation. Accreditation site visit team reports indicate whether each applicable standard is met, include summary findings and a recommendation to the Committee, and may include professional recommendations for consideration by the institution/program sponsor.

b. **Accreditation Team Recommendations.** An accreditation site visit team recommends *Accreditation, Accreditation with Stipulations,* or *Denial of Accreditation.* The team makes its recommendation based on the overall quality of the education unit and the credential programs at the institution/program sponsor. The team does not recommend separate accreditation decisions for each program. The team may recommend Accreditation but recommend required follow-up for the institution and/or one or more of its programs. Alternatively, a team may recommend Accreditation with Stipulations, which may (if adopted by the Committee on Accreditation) require the institution/program sponsor to provide evidence that the program(s) has made modifications that address the stipulation(s). The Committee on Accreditation may require additional progress reports from the institution/program sponsor beyond one year even if the stipulations have been removed. The Committee on Accreditation has discretion to allow an institution/program sponsor additional time to address issues. Stipulations may (if adopted) require the discontinuation of severely deficient programs at the institution/program sponsor.

c. **Accreditation Decisions.** After reviewing the recommendation of an accreditation site visit team the Committee on Accreditation makes a decision about the accreditation of educator preparation at the institution/program sponsor. The Committee makes one of three decisions pertaining to each institution: *Accreditation, Accreditation with Stipulations,* or *Denial of Accreditation.* The Committee's Annual Accreditation Reports summarize these decisions.

d. **Required Follow-up.** The Committee on Accreditation may grant full accreditation to an institution/program sponsor, but require follow-up by one or more programs or the institution/program sponsor as a unit. The required follow-up will be documented in reports submitted to the Committee on Accreditation.

e. **Accreditation with Stipulations.** The Committee on Accreditation allows an institution/program sponsor one year to remove all stipulations or to discontinue deficient program(s). COA may require additional progress reports beyond one year even if stipulations have been removed. The Committee on Accreditation has discretion to allow an institution/program sponsor additional time to address issues. An additional period to remedy severe deficiencies may be granted by the Committee on Accreditation if the Committee determines that (a) substantial progress has been made and/or (b) special circumstances described by the institution justify a delay. The Committee also determines how the institution's/program sponsor's response to adopted stipulations is to be reviewed. The Committee may require a second site visit for this purpose. Failure to remove all stipulations may result in the denial of accreditation to the entire institution/program sponsor.

Appeals

a. **Appeals to Committee on Accreditation.** Within thirty days after an accreditation site visit, the institution/program sponsor may submit evidence to the Committee on Accreditation that the site visit team demonstrated bias or acted arbitrarily or capriciously or contrary to the policies of this *Framework* or the procedural guidelines of the Committee on Accreditation. (Information related to the quality of a program or the education unit that was not previously provided to the accreditation site visit team may not be considered by the Committee on Accreditation.) The Committee on Accreditation may use this evidence to make a different decision than was recommended by the site visit team. If the Committee on Accreditation makes such a decision, the leader of the team may file a dissent with the Commission. If the Committee on Accreditation decides that an incorrect judgment was made by a team and that the result leaves some doubt about the most appropriate decision to be made, the Committee on Accreditation may assign a new site visit team to visit the institution/program sponsor and provide a recommendation on its accreditation.

b. **Appeals to the Commission.** Pursuant to *Education Code* Section 44374-e, an institution/program sponsor has the right to appeal to the Commission a decision by the Committee on Accreditation to deny accreditation or accredit with stipulations. Such an appeal must be based on evidence that accreditation procedures by the site visit team or decisions by the Committee on Accreditation were arbitrary, capricious, unfair, or contrary to the policies in this *Framework* or the procedural guidelines of the Committee on Accreditation. Information related to the quality of a program or the education unit or LEA that was not previously provided to the accreditation site visit team may not be considered by the Commission. The Commission resolves each appeal pursuant to *Education Code* Section 44372-f.